U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/677

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4	1/1/04 Through: 12/XP/04-
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEORGE W PETTERSON	Name PAINTERS DIST COUNCIL 58
	Labor Organization File Number 065319
P.O. Box, 8ldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 19 LAKELAND BIVD	Street 940 CATIFORNIA AVE.
City SWANSEA	City COlliNSVILLE
State III, NOIS ZIP Code + 4 62226	State ZIP Code + 4 62234
5. Position in labor organization. Bus. AGENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
o. Name and address of Employer (moraling trade harry).	7.a. readire of militest, Transaction, of moone.
Name	7.a. Tatale of file of
	r.a. readic of filecost, readings.
Name	r.e. readic of filecost, realizations, of filecosts.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.b. Amount.
Name Trade Name, if any:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the